
State:	Arkansas	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Group Accident & Health Insurance		
Project Name/Number:	GCERT12-AX-amt/NY12-83		

Filing at a Glance

Company:	Metropolitan Life Insurance Company
Product Name:	Group Accident & Health Insurance
State:	Arkansas
TOI:	H02G Group Health - Accident Only
Sub-TOI:	H02G.000 Health - Accident Only
Filing Type:	Form
Date Submitted:	10/25/2012
SERFF Tr Num:	META-128744732
SERFF Status:	Closed-Approved
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	NY12-83 (LW)
Implementation	On Approval
Date Requested:	
Author(s):	Sandra Bennett, Ruth Rivera, Linda Williams, Cherise Crittenden
Reviewer(s):	Donna Lambert (primary)
Disposition Date:	11/08/2012
Disposition Status:	Approved
Implementation Date:	11/08/2012

State Filing Description:

The certificate in this filing was submitted to correct a bracketing error in the one approved under SERFF Tracking # META-128506541. The certificate has not been issued; therefore I have accepted the same form number.

State: Arkansas **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Group Accident & Health Insurance
Project Name/Number: GCERT12-AX-amt/NY12-83

General Information

Project Name: GCERT12-AX-amt Status of Filing in Domicile:
Project Number: NY12-83 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Association, Employer, Other, Trust Explanation for Other Group Market Type: Labor Unions and Other Groups Pursuant to the Interlocal Cooperation Act
Overall Rate Impact: Filing Status Changed: 11/08/2012
State Status Changed: 11/08/2012
Deemer Date: Created By: Linda Williams
Submitted By: Linda Williams Corresponding Filing Tracking Number:

Filing Description:

This is a Group Accident and Health Insurance correction form filing. Please see the Cover Letter for a detailed description of this submission.

Company and Contact

Filing Contact Information

William D. Wilson, Staff Analyst wwilson@metlife.com
501 Route 22 908-253-2290 [Phone]
Bridgewater, NJ 08807

Filing Company Information

Metropolitan Life Insurance CoCode: 65978 State of Domicile: New York
Company Group Code: 241 Company Type: Life
MetLife Group Name: State ID Number:
1095 Avenue of the Americas FEIN Number: 13-5581829
New York, NY 10036-6796
(212) 578-2211 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 PerForm Submitted for Approval.
Per Company: No

Company	Amount	Date Processed	Transaction #
Metropolitan Life Insurance Company	\$50.00	10/25/2012	64283260

SERFF Tracking #:	META-128744732	State Tracking #:		Company Tracking #:	NY12-83 (LW)
<hr/>					
State:	Arkansas	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only				
Product Name:	Group Accident & Health Insurance				
Project Name/Number:	GCERT12-AX-amt/NY12-83				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	11/08/2012	11/08/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	11/07/2012	11/07/2012

Response Letters

Responded By	Created On	Date Submitted
Linda Williams	11/07/2012	11/07/2012

State:	Arkansas	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Group Accident & Health Insurance		
Project Name/Number:	GCERT12-AX-amt/NY12-83		

Disposition

Disposition Date: 11/08/2012
Implementation Date: 11/08/2012
Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	L-A&H NAIC Transmittal	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Certificate Insert page	Approved	Yes

State: Arkansas **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Group Accident & Health Insurance
Project Name/Number: GCERT12-AX-amt/NY12-83

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/07/2012
Submitted Date	11/07/2012
Respond By Date	12/07/2012

Dear William D. Wilson,

Introduction:

This will acknowledge receipt of the captioned filing.

Has the certificate been issued yet? If so, the form will require a new form number.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

State: Arkansas **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Group Accident & Health Insurance
Project Name/Number: GCERT12-AX-amt/NY12-83

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/07/2012
Submitted Date	11/07/2012

Dear Donna Lambert,

Introduction:

This will acknowledge and respond to the objection letter.

Response 1

Comments:

The certificate has not yet been issued.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you

Bill Wilson
Contract Analyst
Institutional Contracts
(908) 253-2290

Sincerely,
Linda Williams

State:	Arkansas	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Group Accident & Health Insurance		
Project Name/Number:	GCERT12-AX-amt/NY12-83		

Post Submission Update Request Processed On 11/07/2012

Status:	Allowed
Created By:	Linda Williams
Processed By:	Donna Lambert
Comments:	

General Information:

Field Name	Requested Change	Prior Value
Product Name	Group Accident & Health Insurance	Group Accident & Health Insurance

State:	Arkansas	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Group Accident & Health Insurance		
Project Name/Number:	GCERT12-AX-amt/NY12-83		

Form Schedule

Lead Form Number: GCERT12-AX-amt								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 11/08/2012	Certificate Insert page	GCERT12-AX-amt	CERA	Initial		53.000	GCERT12-AX-amt.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

ACCIDENT - MEDICAL TREATMENT & SERVICES BENEFITS

Payment of the Accident – Medical Treatment and Services Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

[There are certain benefits included in this section that were optional for You when You enrolled for insurance. Your Schedule shows which of those benefits are included in Your insurance.]

[The benefits included in this section were optional for You when You enrolled for insurance. Your Schedule shows whether these benefits are included in Your insurance.]

[AIR AMBULANCE BENEFIT

We will pay the Air Ambulance Benefit shown in the Schedule if a licensed professional air ambulance service is required to transport a Covered Person by air to or from a Hospital or between medical facilities, where treatment for an Injury is received, subject to both of the following:

- The air ambulance transportation must be within [2-90] days after the Accident occurs.
- We will pay the Air Ambulance Benefit no more than [1-6 times] per Covered Person, per Accident.]

[GROUND AMBULANCE BENEFIT

We will pay the Ground Ambulance Benefit shown in the Schedule if a licensed professional ambulance service is required to transport a Covered Person by ground to or from a Hospital or between medical facilities, where treatment for an Injury is received, subject to both of the following:

- The ambulance transportation must be within [14-180] days after the Accident occurs.
- We will pay the Ground Ambulance Benefit no more than [1-6 times] per Covered Person, per Accident.]

EMERGENCY CARE BENEFIT

[NON-EMERGENCY INITIAL CARE BENEFIT]

If a Covered Person sustains an Injury and receives initial care from a Physician for the Injury [in an Emergency Room, a Physician's office, or an Urgent Care Facility,] within [24-96] hours after the Accident occurs, We will pay the Emergency Care Benefit, shown in the Schedule that is applicable to the place where care is received.

[If a Covered Person sustains an Injury and receives initial care from a Physician for the Injury [in an Emergency Room, a Physician's office, or an Urgent Care Facility,] more than [24-96] hours but less than [14-180 days] after the Accident occurs, We will pay the Non-Emergency Initial Care Benefit shown in the Schedule.]

[Payment of the Emergency Care Benefit and the Non-Emergency Initial Care Benefit is subject to both of the following:

- We will never pay both the Emergency Care Benefit and the Non-Emergency Care Benefit for the same Covered Person, for the same Accident.
- If We pay either the Emergency Care Benefit or the Non-Emergency Initial Care Benefit,]We will pay the [benefit] no more than one time per Covered Person, per Accident.

MEDICAL TESTING BENEFIT

If a Covered Person sustains an Injury and receives any of the following medical tests to evaluate the Injury, We will pay the Medical Testing Benefit shown in the Schedule:

- [x-rays;
- magnetic resonance imaging (MRI) or magnetic resonance (MR);
- ultrasound;
- nerve conduction velocity test (NCV);
- computed tomography scan (CT) or computed axial tomography (CAT); or
- electroencephalogram (EEG).]

Payment of the Medical Testing Benefit is subject to both of the following:

- The test must be ordered by a Physician and be performed within [14-180] days after the Accident occurs.
- We will pay the Medical Testing Benefit no more than [1-6 times] per Covered Person, per Accident.

ACCIDENT – MEDICAL TREATMENT & SERVICES BENEFITS (continued)

PHYSICIAN FOLLOW-UP VISIT BENEFIT

If a Covered Person sustains an Injury and receives follow-up care, for the Injury, that is recommended by a Physician or is a second opinion, We will pay the Physician Follow-Up Visit Benefit shown in the Schedule, subject to all of the following:

- Treatment must:
 - begin within [14-180] days after the Accident occurs and be provided within [180-365] days after the Accident occurs;
 - be specific to the Injury;
 - occur on an outpatient basis [in a Physician's office, Urgent Care Facility or Hospital]; and
 - not be for routine examinations, preventive testing, or any treatment for which a benefit is payable under the Therapy Services Benefit.
- We will pay the Physician Follow-Up Visit Benefit no more than:
 - [1-6 times] per Covered Person, per Accident; and
 - [1-12 times] per Covered Person, per calendar year.

[TRANSPORTATION BENEFIT

We will pay the Transportation Benefit shown in the Schedule when a Covered Person travels more than [50-100] miles one way for follow-up treatment of an Injury for which We pay a benefit under this Certificate at a Hospital or other treatment facility, subject to all of the following:

- Mileage is measured from the Covered Person's Primary Residence to the facility where the follow-up treatment is provided.
- The follow-up treatment must be prescribed by a Physician and not available within [50-100] miles of the Covered Person's Primary Residence.
- You must submit Proof that the follow-up treatment was provided.
- We will not pay the Transportation Benefit if the Ground Ambulance Benefit or Air Ambulance Benefit is payable for the trip.
- We will pay the Transportation Benefit no more than:
 - [1-6 times] per Covered Person, per Accident; and
 - [2-12 times] per Covered Person, per calendar year.]

[THERAPY SERVICES BENEFIT

If a Covered Person sustains an Injury and receives Therapy Services, We will pay the Therapy Services Benefit shown in the Schedule that applies to the type of Therapy Service received, subject to all of the following:

- Therapy Services must:
 - begin within [14-180] days and be provided within [180-365] days after the Accident occurs;
 - be provided on an outpatient basis;
 - be prescribed by a Physician; and
 - be provided by a practitioner licensed to provide the type of Therapy Services provided and operating within the scope of such license.
- We will pay the Therapy Services Benefit for Therapy Services received no more than [3-15] times per Covered Person, per Accident.
- We will not pay a Therapy Services Benefit for Therapy Services received by the Covered Person on the same day for which the Inpatient Rehabilitation Facility Benefit is payable under the Accident – Hospital Benefits section of this Certificate.

Therapy Services means any of the following:

- [cognitive behavioral therapy;
- occupational therapy;
- physical therapy;
- respiratory therapy;
- speech therapy; and
- vocational therapy.]]

ACCIDENT – MEDICAL TREATMENT & SERVICES BENEFITS (continued)

[PAIN MANAGEMENT BENEFIT (FOR EPIDURAL ANESTHESIA)]

If a Covered Person sustains an Injury and receives epidural anesthesia to manage the pain from the Injury, We will pay the Pain Management Benefit shown in the Schedule, subject to both of the following:

- We will not pay a benefit for epidural anesthesia administered more than [14-365] days after the Accident occurs.
- We will pay the Pain Management Benefit no more than [1-6 times] per Covered Person, per Accident.]

PROSTHETIC DEVICE BENEFIT

If a Covered Person sustains an Injury that is a loss of a limb, hand, foot or sight in an eye and receives a Prosthetic Device as a result of the loss, We will pay the Prosthetic Device Benefit, shown in the Schedule, that is applicable to the number of Prosthetic Devices the Covered Person receives, subject to all of the following:

- The Prosthetic Device must be received within [180-365] days after the Accident occurs.
- No benefit will be payable for replacement of a Prosthetic Device.
- No benefit will be payable for more than one Prosthetic Device for the same body part.
- We will not pay the Prosthetic Device Benefit for a joint replacement such as an artificial hip or knee.
- We will pay the Prosthetic Device Benefit no more than [1 to 6 times] per Covered Person, per Accident.

Prosthetic Device means an artificial device that replaces a missing body part. The term Prosthetic Device does not include hearing aids, dental aids (including false teeth), eyeglasses, or cosmetic prostheses such as wigs.

MEDICAL APPLIANCE BENEFIT

If a Covered Person sustains an Injury for which a Physician prescribes the use of a Medical Appliance as an aid in personal locomotion or mobility, We will pay the Medical Appliance Benefit, shown in the Schedule, for the type of Medical Appliance that the Physician prescribes, subject to all of the following:

- The use of such Medical Appliance must begin within [30-365] days after the Accident occurs.
- The amount We will pay for all Medical Appliances combined, per Covered Person, per Accident, will be no more than the Medical Appliances Benefit Limit shown in the Schedule.
- We will not pay the Medical Appliance Benefit for the replacement of a Medical Appliance.

Medical Appliance means any of the following:

- [brace for the neck, back or leg;
- cane;
- crutches;
- walker;
- walking boot that extends above the ankle,
- wheelchair or motorized scooter for medical purposes; and
- any other medical device used for mobility.]

[MODIFICATION BENEFIT

If a Covered Person sustains an Injury [which is a Dismemberment, Functional Loss or Paralysis] for which We paid a benefit under this Certificate, We will pay the Modification Benefit shown in the Schedule for modifications made to the Covered Person's Primary Residence or vehicle, subject to all of the following:

- A Physician must certify that because of the Injury, the modification is necessary to help enable the Covered Person to live in his or her Primary Residence or travel in his or her primary vehicle.
- The modification must be made within [30-365] days after the Accident occurs.
- We will pay the Modification Benefit no more than one time per Covered Person, per Accident.]

ACCIDENT – MEDICAL TREATMENT & SERVICES BENEFITS (continued)

[BLOOD / PLASMA / PLATELETS BENEFIT

If a Covered Person sustains an Injury for which the Covered Person receives a transfusion of blood, plasma or platelets, We will pay the Blood/Plasma/Platelets Benefit shown in the Schedule, subject to both of the following:

- The blood, plasma or platelets must be prescribed by a Physician on an emergency basis or provided while the Covered Person is undergoing Surgery and must be administered within [14-180] days after the Accident.
- We will pay the Blood/Plasma/Platelets Benefit no more than one time per Covered Person, per Accident.]

INPATIENT SURGERY BENEFIT

If a Covered Person undergoes Covered Surgery to treat an Injury while the Covered Person is Confined as an inpatient in a Hospital, We will pay the Inpatient Surgery Benefit, shown in the Schedule, for the type of Covered Surgery the Covered Person undergoes, subject to all of the following:

- The Covered Person must seek treatment for the Injury within [14-180] days after the Accident occurs.
- The Covered Surgery must be performed within [180-365] days after the Accident occurs.
- If a Covered Person has open abdominal and hernia Surgery, or open thoracic and hernia Surgery as a result of the same Accident, the benefit We pay will be based on the abdominal or thoracic Surgery and We will not pay a benefit for the hernia Surgery.
- If a Covered Person has exploratory Surgery at the same time as any other type of Covered Surgery, We will not pay a benefit for the exploratory Surgery.
- We will not pay the Inpatient Surgery Benefit if any of the following Benefits are payable for the same Surgery:
 - [Broken Tooth Benefit;]
 - [Elbow, Hip, Knee or Shoulder Replacement Benefit;
 - Eye Injury Benefit;
 - Ruptured Disc with Surgical Repair Benefit;
 - [Skin Graft Benefit;]
 - Torn Cartilage in Knee Benefit; or
 - Torn, Ruptured or Severed Tendon / Ligament / Rotator Cuff Benefit.

Covered Surgery means:

- [cranial Surgery;]
- exploratory Surgery;
- hernia repair; or
- thoracic cavity and abdominal pelvic cavity Surgery.

OUTPATIENT AMBULATORY SURGERY BENEFIT

If a Covered Person sustains an Injury and undergoes Surgery required to treat the Injury in an Outpatient Ambulatory Surgery Facility, We will pay the Outpatient Ambulatory Surgery Benefit shown in the Schedule, subject to all of the following:

- The Covered Person must seek treatment for the Injury within [14-180] days after the Accident occurs.
- The Surgery must be performed in an Outpatient Surgery Facility within [180-365] days after the Accident occurs.
- We will pay the Outpatient Ambulatory Surgery Benefit no more than one time, per Covered Person, per Accident.

State:	Arkansas	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Group Accident & Health Insurance		
Project Name/Number:	GCERT12-AX-amt/NY12-83		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	11/08/2012
Comments:	Attached is the Compliance Certification.		
Attachment(s):			
ARCERTREG19.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved	11/08/2012
Bypass Reason:	Not Applicable.		

		Item Status:	Status Date:
Satisfied - Item:	L-A&H NAIC Transmittal	Approved	11/08/2012
Comments:	L-A&H NAIC Transmittal		
Attachment(s):			
L-A&H NAIC Transmittal - AR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved	11/08/2012
Comments:	Attached is the Cover Letter.		
Attachment(s):			
Transmittal Letter-AR [NY12-83].pdf			



Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS CERTIFICATION
Rule and Regulation 19
Unfair Sex Discrimination in the Sale of Insurance

I certify that this submission meets the provisions of Rule and Regulation 19, and all applicable requirements of the Arkansas Department of Insurance.

A handwritten signature in black ink that reads "Howard Koransky". The signature is fluid and cursive, with a long horizontal stroke extending from the end of the name.

Howard Koransky
Vice President

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	ARKANSAS					
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Metropolitan Life Insurance Company Institutional Contracts MSC# 39.087 1095 Avenue of the Americas New York, NY 10036-6796	NY		241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	John B. David Institutional Contracts 1095 Avenue of the Americas New York, NY 10036-6796	212-578-5954	212-578-3874	jdavid1@metlife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	NY12-83
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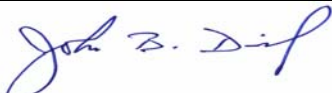
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input checked="" type="checkbox"/> Other: Labor Unions and Other Groups Pursuant to the Interlocal Cooperation Act </div>
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9.	Type of Insurance (TOI)	H02G – Group Health – Accident Only
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10.	Sub-Type of Insurance (Sub-TOI)	H02G.000 – Health – Accident Only
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11.	Submitted Documents	<input checked="" type="checkbox"/> <u>FORMS</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div> <input checked="" type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other_ _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div>
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16.	Certification (If required)
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of ARKANSAS.	
Print Name	<u>John B. David</u>
	Title <u>Manager</u>
Signature	
	Date: <u>October 24, 2012</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		NY12-83
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Accident Medical Treatment Benefits	GCERT12-AX-amt	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Other New Variability	GCERT12-AX-amt
	Certificate Insert Page			
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1

The Metropolitan Life Insurance Company
Institutional Products Contracts **MSC39.042**,
1095 Avenue of the Americas
New York, NY 10036
Tel 212-578-5954 Fax 212-578-3874
j david1@metlife.com

MetLife®

John B. David
Manager, Contract Filing
Group, Voluntary and Worksite Benefits Contracts

October 24, 2012

Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Group Accident & Health Insurance (GCERT12-AX-fp, et.al.)
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

We thank you for your Department's approval of this submission on June 28, 2012 (SERFF META-128506541). We have since discovered an error on one insert page of Certificate Form GCERT12-AX, specifically on the first page of the insert pages captioned GCERT12-AX-amt.

In the Accident – Medical Treatment and Services Benefits provision, the "Air Ambulance Benefit" and the "Ground Ambulance Benefit" should have been bracketed for variability. Either of these benefits may not be included in the Certificate (although the text will not change if the benefits are included).

We have enclosed a corrected copy of GCERT12-AX-amt, and ask your approval to substitute it for the insert page previously approved, the only change being the inclusion of bracketing around the air and ground ambulance benefits. We apologize for any inconvenience, and thank you for your attention to this matter.

Filing Fee

We enclose the required filing fee.

Readability Certification

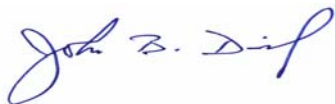
This submission has no impact on the Readability Score of our earlier submission. The officer signing below certifies that the enclosed form achieves a Flesch Reading Ease Score of:

Form No.	Readability Score
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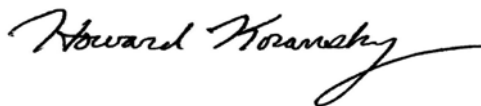
GCERT12-AX series	53
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If you have any questions or comments that you feel could best be handled by contacting me, please feel free to do so via telephone, fax or e-mail (see upper left-hand corner of page 1 of this letter).

Very truly yours,



John B. David
Manager



Howard Koransky
Vice-President

NY12-83